

COPING STRATEGIES FOR PERCEIVED STRESS AMONG PARENTS OF MENTALLY CHALLENGED CHILDREN ACROSS THEIR GENDER

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ABSTRACT

The present study compared the coping strategies for stress among parents of 150 mentally challenged children drawn randomly in equal proportions from two social classes viz. Low and Middle Income Group across three levels of mental challenge. The coping stress was assessed using Family Interview for Stress and Coping in Mental Retardation, Part II developed by NIMHANS. In the present research study significant differences were recognized only in child rearing practices of mothers and fathers. The predominant reason for the variation is scarcity of time among fathers, which is probably due to their busy working schedule at their respective work place. This contributes to the difference in their way of handling the child or caring for the child. Whereas, mothers devoted maximum amount of time in child's care to improve child's condition and also found to be more involved with the child. Therefore, found to be better coped up in child rearing practices. Findings of the study also revealed that both mothers and fathers irrespective of their social class had same level of awareness regarding child's disability, nearly equal expectations and attitudes towards child and received same level of social support.

KEYWORDS: Coping Stress, Fathers, Low and Middle Income Groups, Mental Retardation, Mothers

INTRODUCTION

Becoming a parent is a wonderful and rewarding experience of life. However, the birth of a child with mental challenge/retardation brings unexpected demands and challenges to parents, for which they are often not prepared. According to the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), for the diagnosis of mental retardation, a person should have: an IQ below 70, significant limitations in two or more areas of adaptive behavior (communication, self-help skills, interpersonal skills, and more), and evidence that the limitations became apparent before the age of 18.

Having a child with developmental disabilities brings life changing implications and long-lasting effects in the life of the whole family (Simmerman et al. 2001; Martin and Colbert 1997). Parents, who assumes that life is all bed of roses are disillusioned soon and become depressed and frustrated because of the child's disability. They experience a kind of initial shock, hopelessness, shame, feelings of guilt and sometimes react with grief. Besides this parents also face high levels of stress because of the difficulties, challenges and frustrations of everyday life. This stress eventually demands various strategies for effective coping.

Coping refers to all efforts expended to manage a stressor regardless of the effect (Lazarus and Folkman 1984).

"Coping Strategies" are conscious efforts to adopt with/solve stressful situation (Glidden and Natcher 2009), they are practical active ways of responding to threatening situations. The coping process involves group of efforts or cognitive and behavioral activities an individual uses to handle stressful situation in order to reduce internal and external demands associated with this situation, in an attempt to re-gain state of psychological equilibrium individual used to live before (Bawalsah 2016). For the families who are living with a disabled child, the goal of coping strategies is to bring continuous change in cognitive and behavioral efforts of family members to handle the increasing external and/or internal demands of caring the child with disability (Woodman and Hauser 2013). Thereby, coping strategies are the initiatives taken by an individual or family to reduce the stressors of daily life, which strengthen their ability to endure hardships of life.

According to Picci et al. (2015), parents of children with disabilities tend to use various strategies to cope up with stress such as, avoidance strategies, drug abuse, looking for support, self-blame, reconstruction of stressful situation in positive manner, or denial. The results of (Seymour et al. 2013; Hartley et al. 2012; Glidden and Natcher 2009) indicated that mothers of children with disabilities were looking for social support and concerned more about emotions, while fathers, in return, tend to use avoidance and problem-focused strategies. Although by reviewing literature it can be seen that differences exists in the coping strategies of parents of both the gender but, studies that have investigated particularly, reactions of fathers to the birth of children with special needs are very limited. The majority of studies emphasized only on mothers' responses or their way of handling the stress arises due to child's situation. Thus, there is a large gap in our understanding of the coping strategies of parents, and particularly of fathers, having child with mental disability.

In order to have better understanding of the variations of coping strategies among mothers and fathers of mentally challenged children and to determine factors that are responsible for making these differences, the present research study was planned with the following mentioned objectives:

- To assess and compare the type and level of coping strategies among parents of mentally challenged children across their gender.
- To investigate statistical differences in the type and level of coping strategies among parents of mentally challenged children across their gender.

METHODOLOGY

This study was conducted in Delhi, the capital of India. Delhi, was purposively selected as it is one of the nearest region that has appropriate number of RCI (Rehabilitation Council of India) recognized special schools meant especially for mentally retarded (MR) children. The sample for the present study was selected by using a multistage purposive cum random sampling technique. Three RCI recognized institutes out of nine, namely, NIMH (National Institute for Mentally Handicapped), Manovikas and C.B.S Memorial were randomly selected as research base for the present study. Among the three institutes it was observed that, the population of MR children from high income group (HIG) was extensively low. Therefore, only those belonging to low income group (LIG) and middle income group (MIG) were considered for the present research study. Out of the total population of LIG and MIG mentally challenged children, 75 MR children were selected from each social class by randomly drawing 25 from each level of mental challenge. Thus, the sample for the present study comprised of 150 mentally challenged children and their families.

Further, the directors of the selected institutions were contacted, who provided all the necessary details related to the enrolled MR children and their families. The required samples were drawn and afterwards, first common meeting was

organized with the selected families of MR children. Assurance was given to the selected families that the information provided by them will be kept confidential and utilized only for the research purpose only. The selected parents of MR children were then interviewed on the place of their choice-institute or their home and observations made by the researcher. Self-designed general questionnaire was used to study the socio-demographic and socio-economic profile of respondents. The type and level of coping strategies of the parents were assessed using Family Interview for Stress and Coping in Mental Retardation (Section-II). Obtained data was classified and tabulated as per the objectives of the research study. Data was analyzed by using statistical techniques like frequency, percentage and t-test by taking levels of mental retardation as control.

RESULTS

The data presented in Table 1 (a&b) (See appendix for tables) clearly represents that majority of parents from low income families had slightly inadequate general awareness about the disability of the child. More percentage of mothers of mildly and moderately challenged children (84.00% and 80.00%) as compared to fathers, found to have slightly inadequate general awareness. Whereas more numbers of fathers of severely challenged children (80.00%) had slightly inadequate general awareness. In middle income families, more proportion of fathers of moderately challenged children (92.00%) had slightly inadequate general awareness.

An overview of the subscale namely misconceptions reveals that more mothers as compare to fathers from low income families had no misconceptions about mental challenge of their child. Similar kind of patterns was also observed among middle income families.

The findings on expectation from child depicted that more percentage of mothers of mildly, moderately and severely challenged children (72.00%, 76.00% and 48.00% respectively) had mildly appropriate expectations. Similar results were also drawn from middle income families, where 60.00%, 72.00% and 56.00% of mothers were found to have mildly appropriate expectations.

Likewise, in attitudes towards child subscale, among low income families maximum number of mothers over fathers had favourable attitudes towards child. By the analysis of middle income families it was revealed that both the genders in almost same proportions were also found with favorable attitudes. No major difference was found among mothers and fathers.

In attitudes towards child management from low income families maximum number of mothers than fathers have shown favourable attitudes. Besides this, in middle income families, majority of mothers reported favourable attitudes as compare to fathers. Majority of mothers of mildly and severely challenged children (80.00 and 68.00%) had favourable attitudes towards child management. However, the proportions of fathers with moderately challenged children were found slightly more (76.00%).

Under the dimension general rearing practices, more percentage of mothers of all the mentally challenged children had somewhat favourable rearing practices. Similar trend was also seen among middle class families.

In contrary with above mentioned finding, under rearing practice specific to training, more percentage of fathers of mildly, moderately and severely challenged children (96.00%, 88.00%, and 100.00% respectively) were found to have somewhat favourable rearing practices. Same pattern was found in middle income families, where percentages of fathers

were also more at somewhat favourable level.

Table 1(a&b) revealed that none of parents got best social support. While, majority of LIG parents (mothers and fathers) got somewhat inadequate social support. Among middle income families also majority of parents had experience somewhat inadequate social support.

Under global rating of family adaptation, among LIG families, more mothers as compare to fathers were adequately adapted. Similarly, more mothers were poorly adapted as compare to fathers. In middle income families variations can be seen in the distribution of data. At adequately adapted level, proportion of fathers of moderately challenged children (72.00%) were more. While, mothers of severely challenged children (60.00%) were found to be more inadequately adapted.

DISCUSSION

Kumar (2008) stated that both the parents (mother and father) did not differ significantly in their coping scores across gender. By the overview of the Table 2 (a&b), it can be clearly predicted that mothers and fathers irrespective of their social class had same level of awareness regarding child's disability, nearly equal expectations and attitudes towards child and received same level of social support. However, in the present study child rearing practices is the only dimension among both low and middle income families where significant difference was found and mothers reported better coping mechanism as compare to the fathers. The reason behind it might be due to the fact that in India, father's primary role is to earn for the family. Although fathers wants to contribute for the child's welfare but the busy working schedule of fathers at their respective work place makes difference in their way of handling the child or caring for the child. For example in terms of amount of time spent with the child, disciplining, handling good/ bad behaviours etc. Whereas, mothers spent all her time in taking care of the child also attempted to teach/train him/her in daily care activities i.e. feeding, dressing, washing, self bathing or toilet training. By describing the traditional role of fathers, Schilling et al. (1988) also stated that the division of labor among members of families that contain children with disabilities is quite traditional, with mothers assuming the role of nurturer, protector, advocate, clinician aide, and sustainer of daily routines, whereas fathers tend to assume the role of economic provider.

Most of the time mothers get involved with the child, take care of each and every aspect of his/her life, hence, this leads to an internal satisfaction among mothers that they are fully utilizing their capacity so as to improve their child's condition. This finding is going in-line with the findings of Seymour et al. (2013) and Brubaker et al. (1989). Traditional role that mothers played obliged her to take care of the child with disability and to be more familiar with the child's deficiencies, and consequently more aware of their incapability to do much to change the child, unlike fathers who focus more on financial support for the family (Seymour et al. 2013). Additionally, Brubaker et al. (1989) pointed out in their study that fathers of children with mental retardation may experience more pessimism than do their wives. Fathers may hold themselves responsible for the financial requirements of long-term care, resulting in greater stress for them. Further, they may have less familiarity than do their wives with the formal service systems that provide long-term care, which may result in fathers experiencing greater pessimism about the future. Hence, mothers cope up in a better way and also developed a positive attitude whereas fathers not.

CONCLUSIONS

Raising a special need child requires additional emotional strength and flexibility among parents. Parents can find

themselves overwhelmed by various medical, care giving and educational responsibilities. In order to cope up with the distress, parents should develop remarkable capacity for patience, compassion, kindness, and understanding. The present study shows various dimensions of coping strategies by the mothers and fathers of mentally challenged children that would be helpful before planning effective policies and programmes for such families. Mothers reported better child rearing practices than that of the fathers. It was found that fathers could not draw out extra hour from their schedule for the care of their child. Therefore, after returning from work they should get involve with their child as mothers do; they should cooperate and also help mothers in daily care of the child. This all gives them feeling that they are also responsible for the child's development. Behavior modification training and counseling programmes can be prove helpful which improves feeling of competence among parents especially fathers and also helpful in understanding child behavior in a better way.

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APPENDICES

Table 1(a): Frequency and Percentage Distribution of LIG Parents of Mentally Challenged

Areas of Coping	Subscales	Levels of coping	Score range	LIG (n=75)											
				Mildly challenged children (n ₁ =25)				Moderately challenged children (n ₂ =25)				Severely challenged children (n ₃ =25)			
				Mothers		Fathers		Mothers		Fathers		Mothers		Fathers	
				n	%	n	%	n	%	n	%	n	%	n	%
Awareness	General awareness	Largely Adequate	9-15	0	0.00	0	0.00	0	0.00	0	0.00	2	8.00	2	8.00
		Adequate	16-22	4	16.00	7	28.00	2	8.00	3	12.00	3	12.00	3	12.00
		Slightly inadequate	23-29	21	84.00	17	68.00	20	80.00	19	76.00	18	72.00	20	80.00
		Highly inadequate	30 +	0	0.00	1	4.00	3	12.00	3	12.00	2	8.00	0	0.00
	Misconceptions	No	4-6	23	92.00	23	92.00	21	84.00	21	84.00	25	100.00	23	92.00
		Almost Absent	7-9	2	8.00	2	8.00	4	16.00	4	16.00	0	0.00	2	8.00
		Present	10-12	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
		Present to a large extent	13 +	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Expectations & Attitudes	Expectations from child	Largely appropriate	10-17	5	20.00	3	12.00	1	4.00	0	0.00	1	4.00	1	4.00
		Mildly appropriate	18-25	18	72.00	14	56.00	19	76.00	14	56.00	12	48.00	10	40.00
		Moderately inappropriate	26-33	2	8.00	8	32.00	5	20.00	11	44.00	12	48.00	14	56.00
		Highly inappropriate	34 +	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Attitudes towards child	Most favourable	15-26	5	20.00	5	20.00	3	12.00	22	88.00	4	16.00	5	20.00
		Favourable	27-38	20	80.00	20	80.00	19	76.00	3	12.00	21	84.00	20	80.00
		Unfavourable	39-50	0	0.00	0	0.00	3	12.00	0	0.00	0	0.00	0	0.00
		Most unfavourable	51 +	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Attitudes towards child management	Most favourable	17-29	1	4.00	0	0.00	0	0.00	2	8.00	0	0.00	0	0.00
		Favourable	30-42	23	92.00	14	56.00	19	76.00	13	52.00	17	68.00	11	44.00
		Moderately unfavourable	43-55	1	4.00	11	44.00	3	12.00	10	40.00	8	32.00	14	56.00
		Most unfavourable	56 +	0	0.00	0	0.00	3	12.00	0	0.00	0	0.00	0	0.00
Child Rearing Practices	General Rearing Practices	Most favourable	13-22	1	4.00	0	0.00	1	4.00	2	8.00	2	8.00	2	8.00
		Somewhat favourable	23-32	24	96.00	20	80.00	21	84.00	14	56.00	19	76.00	18	72.00
		Somewhat unfavourable	33-42	0	0.00	5	20.00	3	12.00	9	36.00	4	16.00	5	20.00
		Most unfavourable	43+	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Rearing Practice Specific to training	Most favourable	7-12	2	8.00	1	4.00	1	4.00	0	0.00	2	8.00	0	0.00
		Somewhat favourable	13-18	23	92.00	24	96.00	21	84.00	22	88.00	23	92.00	25	100.00
		Somewhat unfavourable	19-24	0	0.00	0	0.00	3	12.00	3	12.00	0	0.00	0	0.00
		Most unfavourable	25+	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Social Support		Best social support	3-5	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
		Adequate	6-8	4	16.00	4	16.00	1	4.00	1	4.00	0	0.00	0	0.00
		Somewhat inadequately	9-11	17	68.00	17	68.00	21	84.00	21	84.00	19	76.00	19	76.00
		No support	12 +	4	16.00	4	16.00	3	12.00	3	12.00	6	24.00	6	24.00
Global Rating of Family Adaptation		Extremely well adapted	1	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2	8.00
		Adequately adapted	2	19	76.00	18	72.00	13	52.00	0	0.00	14	56.00	12	48.00
		Inadequately adapted	3	5	20.00	7	28.00	9	36.00	15	60.00	8	32.00	6	24.00
		Very poor coping/adaptation	4	1	4.00	0	0.00	3	12.00	10	40.00	3	12.00	5	20.00

Children on the Type & Level of Coping Stress across their Gender

Table 1(b): Frequency and Percentage Distribution of MIG Parents of Mentally Challenged Children on the Type & Level of Coping Stress across their Gender

Areas of Coping	Subscales	Levels of Coping	Score range	MIG (n=75)											
				Mildly challenged children (n ₁ =25)				Moderately challenged children (n ₂ =25)				Severely challenged children (n ₃ =25)			
				Mothers		Fathers		Mothers		Fathers		Mothers		Fathers	
				n	%	n	%	n	%	n	%	n	%	n	%
Awareness	General awareness	Largely Adequate	9-15	2	8.00	2	8.00	0	0.00	0	0.00	1	4.00	1	4.00
		Adequate	16-22	8	32.00	10	40.00	7	28.00	2	8.00	4	16.00	5	20.00
		Slightly inadequate	23-29	15	60.00	13	52.00	18	72.00	23	92.00	19	76.00	18	72.00
		Highly inadequate	30 +	0	0.00	0	0.00	0	0.00	0	0.00	1	4.00	1	4.00
	Misconceptions	No	4-6	25	100.00	25	100.00	24	96.00	24	96.00	25	100.00	24	96.00
		Almost Absent	7-9	0	0.00	0	0.00	1	4.00	1	4.00	0	0.00	1	4.00
		Present	10-12	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
		Present to a large extent	13 +	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Expectations & Attitudes	Expectations from child	Largely appropriate	10-17	7	28.00	8	32.00	0	0.00	0	0.00	2	8.00	2	8.00
		Mildly appropriate	18-25	15	60.00	12	48.00	18	72.00	18	72.00	14	56.00	6	24.00
		Moderately inappropriate	26-33	3	12.00	5	20.00	7	28.00	7	28.00	9	36.00	17	68.00
		Highly inappropriate	34 +	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Attitudes towards child	Most favourable	15-26	10	40.00	10	40.00	2	8.00	1	4.00	2	8.00	3	12.00
		Favourable	27-38	15	60.00	15	60.00	23	92.00	24	96.00	23	92.00	22	88.00
		Unfavourable	39-50	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Attitudes towards child management	Most unfavourable	51 +	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
		Most favourable	17-29	1	4.00	1	4.00	0	0.00	0	0.00	0	0.00	0	0.00
		Favourable	30-42	20	80.00	18	72.00	18	72.00	19	76.00	17	68.00	9	36.00
		Moderately unfavourable	43-55	4	16.00	6	24.00	7	28.00	6	24.00	8	32.00	16	64.00
Child Rearing Practices	General Rearing Practices	Most unfavourable	56 +	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
		Most favourable	13-22	7	28.00	3	12.00	3	12.00	1	4.00	0	0.00	1	4.00
		Somewhat favourable	23-32	18	72.00	18	72.00	22	88.00	17	68.00	25	100.00	13	52.00
		Somewhat unfavourable	33-42	0	0.00	4	16.00	0	0.00	7	28.00	0	0.00	11	44.00
	Rearing Practice Specific to training	Most unfavourable	43+	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
		Most favourable	7-12	7	28.00	5	20.00	4	16.00	0	0.00	1	4.00	0	0.00
		Somewhat favourable	13-18	18	72.00	20	80.00	21	84.00	25	100.00	23	92.00	25	100.00
		Somewhat unfavourable	19-24	0	0.00	0	0.00	0	0.00	0	0.00	1	4.00	0	0.00
Social Support		Most unfavourable	25+	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
		Best social support	3-5	0	0.00	0	0.00	0	0.00	0	0.00	1	4.00	0	0.00
		Adequate	6-8	5	20.00	5	20.00	2	8.00	2	8.00	2	8.00	2	8.00
		Somewhat inadequately	9-11	19	76.00	19	76.00	22	88.00	22	88.00	22	88.00	22	88.00
Global Rating of Family Adaptation		No/very little support	12 +	1	4.00	1	4.00	1	4.00	1	4.00	1	4.00	1	4.00
		Extremely well adapted	1	2	8.00	4	16.00	0	0.00	0	0.00	0	0.00	1	4.00
		Adequately adapted	2	16	64.00	12	48.00	17	68.00	18	72.00	9	36.00	10	40.00
		Inadequately adapted	3	5	20.00	9	36.00	8	32.00	6	24.00	15	60.00	14	56.00
		Very poor coping/adaptation	4	2	8.00	0	0.00	0	0.00	1	4.00	1	4.00	0	0.00

Table 2(a): Mean Differences in the Coping Strategies of LIG Parents of Mentally Challenged Children across their Gender

Areas of Coping	Subscales	LIG (n=150)								
		Mothers of mildly challenged children n _{1a} =25	Fathers of mildly challenged children n _{1b} =25	t	Mothers of moderately challenged children n _{2a} =25	Fathers of moderately challenged children n _{2b} =25	t	Mothers of severely challenged children n _{3a} =25	Fathers of severely challenged children n _{3b} =25	t
		Mean (S.D)	Mean (S.D)		Mean (S.D)	Mean (S.D)		Mean (S.D)	Mean (S.D)	
Awareness	General awareness	23.94 (3.20)	23.00 (2.76)	0.95	24.89 (3.5)	23.97 (3.05)	1.23	25.44 (3.70)	24.79 (3.10)	1.14
	Misconceptions	3.95 (1.4)	3.83 (1.56)	0.18	4.02 (0.98)	3.97 (0.83)	0.05	4.36 (1.8)	4.12 (1.97)	0.26
Expectations and attitudes	Expectations from child	24.87 (4.30)	23.98 (4.14)	0.20	26.43 (2.10)	25.59 (1.98)	1.09	28.28 (4.67)	27.56 (4.23)	1.18
	Attitudes towards child	27.88 (2.78)	26.96 (1.98)	0.07	28.37 (1.78)	27.68 (1.65)	1.24	29.23 (2.87)	28.55 (2.77)	1.27
	Attitudes towards child mgt	37.28 (4.56)	36.89 (4.23)	1.10	40.52 (4.30)	39.97 (3.78)	0.98	42.25 (3.78)	42.78 (4.56)	0.56
Child rearing practices	General rearing practices	21.85 (3.02)	23.44 (3.60)	3.20*	22.36 (2.98)	23.58 (3.4)	2.89*	22.48 (3.2)	24.28 (2.7)	3.56*
	Rearing practices specific to training	8.76 (2.65)	10.68 (2.56)	3.80*	10.98 (2.43)	12.03 (2.6)	3.66*	12.16 (2.05)	14.84 (1.89)	3.80*
Social support		9.80 (1.23)	9.61 (1.11)	0.27	10.02 (1.89)	9.98 (1.76)	0.04	10.64 (2.66)	10.08 (2.45)	0.57

Note: 1. p<0.05

2. * stands for significant at 0.05 level

3. Higher the score, lower the coping

Table 2(b): Mean Differences in the Coping Strategies of MIG Parents of Mentally Challenged Children across their Gender

Areas of Coping	Subscales	MIG (n=150)								
		Mothers of mildly challenged children n _{1a} =25	Fathers of mildly challenged children n _{1b} =25	t	Mothers of moderately challenged children n _{2a} =25	Fathers of moderately challenged children n _{2b} =25	t	Mothers of severely challenged children n _{3a} =25	Fathers of severely challenged children n _{3b} =25	t
		Mean (S.D)	Mean (S.D)		Mean (S.D)	Mean (S.D)		Mean (S.D)	Mean (S.D)	
Awareness	General awareness	21.64 (2.67)	21.16 (2.34)	0.57	22.32 (3.56)	22.09 (2.88)	0.34	23.12 (3.20)	23.00 (3.80)	0.10
	Misconceptions	1.20 (1.12)	1.07 (0.98)	0.53	2.08 (0.98)	1.86 (0.82)	0.54	2.75 (1.22)	2.63 (1.33)	0.09
Expectations and attitudes	Expectations from child	23.12 (2.56)	22.60 (2.67)	0.42	25.09 (2.78)	24.17 (2.77)	1.47	26.94 (3.89)	26.78 (3.42)	0.17
	Attitudes towards child	26.24 (3.45)	25.65 (3.12)	1.23	27.12 (2.77)	26.31 (2.55)	1.67	28.04 (1.56)	27.19 (2.11)	1.33
	Attitudes towards child mgt	36.08 (4.10)	35.71 (3.89)	1.45	39.42 (4.67)	38.64 (4.13)	1.25	41.11 (3.89)	41.56 (4.12)	0.44
Child rearing practices	General rearing practices	20.66 (2.50)	22.14 (2.78)	3.78*	20.97 (3.10)	22.37 (3.24)	3.88*	21.12 (3.60)	22.86 (3.25)	2.42*
	Rearing practices specific to training	7.12 (1.87)	9.52 (2.20)	4.52*	9.14 (1.78)	10.86 (2.59)	3.68*	10.75 (2.76)	13.26 (3.55)	4.21*
Social support		9.70 (1.10)	9.50 (1.45)	0.35	9.98 (1.67)	9.56 (1.70)	0.55	10.32 (1.47)	10.01 (1.80)	0.30

Note: 1. p<0.05

2. * stands for significant at 0.05 level

3. Higher the score, lower the coping

